



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY  
ENVIRONMENTAL HEALTH SERVICES DIVISION**  
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**Public Health**  
Prevent. Promote. Protect.

County of San Luis Obispo  
Public Health Department

## COMPLAINT FORM

### REPORT A PROBLEM TO ENVIRONMENTAL HEALTH

SAN LUIS OBISPO COUNTY ENVIRONMENTAL HEALTH SERVICES RESPONDS TO SEVERAL TYPES OF PUBLIC HEALTH COMPLAINTS FROM CITIZENS CONCERNING, BUT NOT LIMITED TO: RESTAURANTS, MARKETS, MOBILE FOOD VEHICLES, ILLEGAL FOOD VENDING; PUBLIC SWIMMING POOLS AND/OR SPAS; FAILING SEPTIC SYSTEMS; ILLEGAL DUMPING OR TRASH BUILDUP; WASTE TIRES; HAZARDOUS MATERIAL VIOLATIONS AND VECTOR CONTROL. THIS FORM CAN BE SUBMITTED ELECTRONICALLY, BY MAIL OR FAX. IF YOU HAVE A POTENTIAL FOOD BORNE ILLNESS COMPLAINT IT IS RECOMMENDED YOU PHONE THIS OFFICE TO GENERATE A FASTER RESPONSE. ALL COMPLAINTS ARE CONFIDENTIAL UNLESS A COURT ACTION REQUIRES THIS OFFICE TO PROVIDE A COMPLAINANT'S NAME. WE DO ACCEPT ANONYMOUS COMPLAINTS BUT PLEASE BE ADVISED THAT THEY MAY BE ASSIGNED A LOWER PRIORITY.

**COMPLAINT TYPE:** (CHECK BOX THAT MOST CLOSELY DESCRIBES YOUR COMPLAINT)

- |  |  |
|--|--|
| <input type="checkbox"/> RESTAURANT, MARKET                | <input type="checkbox"/> ILLEGAL DUMPING/TRASH BUILDUP                 |
| <input type="checkbox"/> MOBILE FOOD, ILLEGAL FOOD VENDING | <input type="checkbox"/> WASTE TIRES                                   |
| <input type="checkbox"/> PUBLIC SWIMMING POOL/SPA          | <input type="checkbox"/> HAZARDOUS MATERIAL VIOLATIONS                 |
| <input type="checkbox"/> FAILING SEPTIC SYSTEM             | <input type="checkbox"/> VECTOR CONTROL (MOSQUITOES, RATS, FLIES, ETC) |
|  | <input type="checkbox"/> OTHER _____                                   |

**LOCATION:**

NAME OF FACILITY OR OFFENDING PARTY

STREET ADDRESS

CITY

DESCRIBE THE CONDITION(S) YOU BELIEVE TO BE A PUBLIC HEALTH CONCERN. PLEASE PROVIDE DATES AND TIMES IF APPLICABLE. KEEP YOUR DESCRIPTION BRIEF BUT AS ACCURATE AS POSSIBLE.

YOUR FIRST NAME

LAST NAME

PHONE NUMBER

STREET ADDRESS

CITY

DATE OF COMPLAINT